IN A Board Votes to Create Two Separate Associations

Effective October 1, the Illinois Nurses Association will be lead by union nurses.

The move comes after an August vote by the Illinois Nurses Association Board of Directors to create two associations. The board vote affirmed that INA will now be solely for union nurses and a new trade association, known as American Nurses Association-Illinois, will serve all registered professional nurses in the state as well as nurse executives, managers and supervisors.

“To have a clear direction, you must have a clear identity. INA is ready to solidify its seat at the table as the nursing union for registered nurses in the State of Illinois,” said Alice J. Johnson, who is the new executive director of the INA, effective October 1. “As the largest nursing union in Illinois, INA fights for nurses and their patients at the bargaining table, in the legislature and at the workplace. This means that INA must restructure in order to align its structure with its identity.”

Johnson said that union nurses will continue to see and work with the same INA staff. “The INA will continue its commitment to make the best nurse contracts in the State of Illinois even better, to create an environment where all INA nurses can participate and lead and continue to improve wages, differentials and workplace standards for INA nurses in order to improve patient care,” she said.


Johnson’s staff and the new INA will continue publishing Illinois Nurse and offering continuing education.

If you are union nurse represented by INA and have any questions, please contact Alice Johnson at ajohnson@illinoisnurses.com or 312.419.2900.
Introducing, John Adams, Jr., the New INA Labor Representative

INA is happy to introduce John Adams Jr., our new labor representative. John worked for the State of Illinois since 1995, including more than 12 years in Illinois Department of Corrections-Stateville. He then transferred to William W. Fox Developmental Center in July of 2007.

John is a graduate of Joliet Junior College with an associate’s degree in Nursing in 2003. He has been active in the INA as a facility representative at William W. Fox Developmental Center since 2008. He has also served on the RC23 Board of Directors since 2009, including stints on the negotiating team and chair of the RC23.

In 2012, John was appointed commissioner for the E&GW commission, which allowed him to put to good use his extensive knowledge of the RC23 contract. John said that “meeting the nurses, bargaining for fair contracts, representing all the nurses fairly during the grievance process and getting issues resolved in a timely manner” are his top priorities for INA.

“Together we can make a difference,” he said. “Going in our new direction, I plan to work with the team here at INA, because this is what a UNION looks like.”

Nurses at Maryville Academy
Scott Nolan Psychiatric Hospital Vote to Unionize

By a 2-to-1 margin, nurses at Maryville Academy’s Scott Nolan Psychiatric Hospital in Des Plaines, III., voted in August to form a union under the direction of the Illinois Nurses Association. The vote was verified on August 8.

Nurses at the hospital contacted INA earlier this Spring expressing concerns about safety, staffing levels and scheduling issues, according to INA representative Paul Nappier. According to nurses at the facility, patient-to-nurse ratios approach 15 to 1, far higher than in other medical facilities.

“The biggest issues were safety and staffing levels,” Nappier said, referring to a 2010 incident in which a patient attacked a staff member and a more recent case last month in which several patients staged a small riot that resulted in injuries to four staff members.

“Nurses are on the front line, treating patients at the hospital and at the bedside so if there is a situation in which a patient loses control or gets violent, it’s often a nurse on the receiving end of the violence.”

The Scott Nolan Psychiatric Hospital is an inpatient psychiatric hospital program designed for children, adolescents and young adults, ages 3-20, who are in immediate need of psychiatric stabilization and who are at risk of harming themselves or others.

According to Nappier, the next step will be to establish a bargaining team and begin negotiating with the hospital, using the bargaining team and chair of the RC23.

Monroe County Retired Nurses Association

A trip to Eckert’s Farms for lunch and an interesting program on the farm’s history and the apples they produce ended the year for the Monroe County Retired Nurses Association. The group continues to meet four times a year at a local restaurant, ordering lunch from the menu.

Officers for 2012 were President Janet Stemler, Program Chair Joan Seiler, Secretary Barb Wagner, Treasurer Kathy Raitt, and Legislative Chair/Consultant INA member Margaret Miller.

At Take Care Health Services we have always known how important Family Nurse Practitioners are to our patients and our success.

As the role of the Nurse Practitioner continues to grow and expand in the medical community, we invite you to join the company that has always celebrated the Family Nurse Practitioner. At Take Care, we promise you with the autonomy, influence, and partnership you’ve always aspired towards as well as the competitive pay, flexible schedules, and amazing benefits you need.

www.illinoisnurses.org

At Take Care Health ServicesSM, we have always known how important Family Nurse Practitioners are to our patients and our success.

The Illinois Nurse
Illinois Nurses Association Files Lawsuit to Prevent Closure of Singer Mental Health Facility

The Illinois Nurses Association in October filed a lawsuit in the Circuit Court of the 17th Judicial Circuit in Winnebago County to prevent the State of Illinois from closing Singer Mental Health Facility. The suit names as defendants the Illinois Department of Human Services, the Illinois Department of Human Services Division of Mental Health and Singer.

INA is suing the defendants under the Illinois Administrative Review Law which gives any party affected by decisions made by the Illinois Health Facilities and Services Review Board the right to seek judicial review. In 2011, the Illinois Department of Human Services recommended that the State close Singer, but that was rejected in October 2011 by the State Commission on Government Forecasting and Accountability.

However, Singer, IDHS and DMH submitted a permit application to IHFSRB for the closure of Singer, despite not filing proper impact statements from those affected by the closure. INA contends the closure will affect mental health patients as well as public safety because no other facility in the area can treat the complex nature of mental health patients.

On September 13, IHFSRB, by a 5 to 3 vote, approved the permit to close Singer.

According to the lawsuit, “The State Commission on Government Forecasting and Accountability noted that Singer MHC is quite cost effective in their task compared to the alternatives that would be utilized in the event of closure. In addition, the Commission noted that Singer facility serves a large area of Illinois that would have no coverage from a similar facility in the event of the proposed closure.”

The Commission also stated that the lack of acute psychiatric beds in the event of the closure of Singer was “a matter of great concern.”

INA contends in its lawsuit that the defendants did not collect the appropriate impact statements from affected agencies, organizations and members of the public before the permit was approved.

INA is the exclusive collective bargaining representative of and thereby represents nurses at the H. Singer Mental Health Center with respect to their wages, hours and other terms and conditions of their employment. Singer nurses, who are INA members, provided testimony and written comments opposing the closing of Singer.

Singer is operated by the Illinois Department of Human Services and it has 76 beds and provides housing and treatment to patients in the Rockford area who suffer severe mental health crises, some of whom have committed crimes. Singer provides service that is majority acute care and is responsible for admissions from 23 counties in northern-northwestern Illinois.
I am proud to be a nurse! I am a member of one of the most, if not the most, trusted professions in America. My decision to become a nurse was one of the best decisions I have made in my life. When asked what I do for a living, I am always proud to say I am a nurse. I proudly sport that title on my license plate! This even got me out of a speeding ticket once!

I received my associate’s degree in 1978 at the age of 20. It was the 70’s and all girls wanted to be a nurse, a teacher, or an airline stewardess. It was the days of TV programs like “Julia,” “Marcus Welby, MD, and Medical Center” (I had a crush on Chad Everett). At the age of 18, nursing seemed to me to be the most glorious choice. I would get to wear a white uniform, a white hat, white hose and shoes! But best of all, I would make sick people better!

However, nursing is so much more than that. As I have progressed through my 34 years of being a nurse, I have learned many things about nursing. Thus, this is MY list of things about being a nurse, you will not learn in nursing school.

1. You WILL NEVER know everything about anything! Don’t feel like a dummy if you don’t know everything, you WILL NEVER know everything! Nursing is a life long learning process. There are many treatments and new medicines coming out every day. Do not be afraid to say, “I don’t know!” If you don’t know, ask questions and ask the right ones. Keep reference materials within arm’s reach. Learning and studying does not stop after graduation. Just because you know something now, doesn’t mean you are done seeking information. Nursing is a life long learning process.

2. Nurses don’t just wear nursing hats! As a first line of defense, nursing requires many must be the things many people to many people. You will not be just a nurse, you will be a teacher (patient education is important), you will be a secretary (document, document, document, sometime one thing, sometime 1,000 things), you will be a housekeeper (who else is going to empty the trash, rearrange the furniture for you), sometimes you have to be a mechanic (a lot of times you have to fix the equipment yourself) or a custodian (who else is going to make sure the patients are clean). You will be a housekeeper (who else is going to empty the trash, rearrange the furniture for you), sometimes you have to be a mechanic (a lot of times you have to fix the equipment yourself) or a custodian (who else is going to make sure the patients are clean). You will be a housekeeper (who else is going to empty the trash, rearrange the furniture for you), sometimes you have to be a mechanic (a lot of times you have to fix the equipment yourself) or a custodian (who else is going to make sure the patients are clean). You will be a housekeeper (who else is going to empty the trash, rearrange the furniture for you), sometimes you have to be a mechanic (a lot of times you have to fix the equipment yourself) or a custodian (who else is going to make sure the patients are clean).

3. Your uniform should include thick skin and a sense of humor. Generally sick people are not happy people. Many times, families are harder to deal with than patients (they can be your best friends or your worst enemies). Unfortunately, doctors and fellow nurses can bemean. We have all heard the sad statement, “nurses eat their young.” Sometimes peers are unkind. People are unpredictable at work, but under stress they become even more unpredictable. You will not always get a thank you from your patients (or from your family and friends) will come to us with questions and ask for assistance. The bottom line is, nurses are accountable for the nurse care that patients receive.

5. The amount of responsibility is incredible! I’ll never forget the first time I signed “RN” behind my name. It was such a great feeling of accomplishment. I thought, “Now I’m an RN, I can do anything!” I was right! The addition of the title comes a great deal of responsibility. We are the front line caretakers and the people in charge. Many (including family and friends) will come to us with questions and ask for assistance.

6. Your uniform should include thick skin and a sense of humor. Generally sick people are not happy people. Many times, families are harder to deal with than patients (they can be your best friends or your worst enemies). Unfortunately, doctors and fellow nurses can be mean. We have all heard the sad statement, “nurses eat their young.” Sometimes peers are unkind. People are unpredictable at work, but under stress they become even more unpredictable.

7. Breaks and lunch periods are NOT an option! I hear so often, “I did not have time to eat.” “I was too busy to take a break.” Lunch and breaks are there for a reason. First and foremost, you need to get away from the work area to de-compress and recharge your battery. I often see nurses “grabbing” lunch in their work area (is this really healthy?). This was something I tried to avoid. Sometimes you need to get away from the work area and talk to someone who isn’t sick or who isn’t a nurse. Nursing is stressful. The mind needs to rest. Talking to other people and moving around your facility allows you to do networking. As nurses, we know that food and calories are necessary for energy. Situations can get better. Take a break! Sit down, rest, and enjoy a meal! Nurses have the biggest bladders ever, but every now and then a bathroom break IS a necessity! When someone offers to give you a break, TAKE IT!

8. Be flexible and accept change with a positive attitude! Thank God for change or we would still be wearing white uniforms and hats! Medicine is an ever changing world with more change on the horizon. Nursing is far from a predictable profession. Nurses must adapt to the situation at hand. Each problem is different and must be handled differently. Patients die, equipment fails, phones ring constantly, disaster drills are conducted at very inopportune times (and you may be the only nurse not tipped off) and you will have to go to the coffee pot and there will be no coffee (how horrible isn’t that?). No day is ever like the next. Learn, little secret I found to be helpful is don’t just be on time but arrive early. This gives you an opportunity to assess the current situation of the unit, to get your work area organized, and to plan your day. We all know that when we arrive late we are behind the whole day!

9. Be respectful of those “under” you. Everyone is valuable to the degree that our education and background allows us to be. Respect of others makes for a good team. If you are not busy (I know it happens rarely), step in and help your CNA take someone to the bathroom or clean up an incontinent patient. They will respect you for it and work well for you. They will admire you for the attitude of being helpful. If you are not busy (I know it happens rarely), step in and help your CNA take someone to the bathroom or clean up an incontinent patient. They will respect you for it and work well for you. They will admire you for the attitude of being helpful.

10. Other nurses are your best support group! Only another nurse can really understand what we do everyday. When I first became a nurse, I would try to talk to family and friends about the day I had just been through. They would not understand me when I say “that must have been a bad day” but only nurses can understand what a “bad day” really is! I have realized throughout my career my nurse friends are my best support group when I need to de-stress about work. Identify mentor nurses early in your career. Role model after the ones you admire (there are some really great nurses out there). Be respectful of those “old” nurses with experience, there is always something new you can learn from them.

11. A sense of humor is a MUST! Some days are just hard to get through! Sometimes a nurse will be standing on the floor to stop the patient from eating a suppository (actually I did have a patient eat a suppository once; he told me it was difficult to get off without juice). Laugh with your patients and coworkers. Smile when you don’t feel like it! Be the clown, every unit needs one. Post nursing cartoons on the bulletin board. Have fun doing what you do. Remember, laughter IS the best medicine.

12. Take care of YOUR health first! Nurses must have physical endurance and good health habits. We must have physical endurance and good health habits. We are on their feet, sometimes for more than 12 hours a day. A sense of humor is a MUST! Some days are just hard to get through! Sometimes a nurse will be standing on the floor to stop the patient from eating a suppository (actually I did have a patient eat a suppository once; he told me it was difficult to get off without juice). Laugh with your patients and coworkers. Smile when you don’t feel like it! Be the clown, every unit needs one. Post nursing cartoons on the bulletin board. Have fun doing what you do. Remember, laughter IS the best medicine.

Nursing is a difficult career, but a rewarding one! It is easy to get burned out. Do not let this happen! A nursing career is like a relationship, it has its good and bad points. I love what nursing has to offer, just not every nursing job. Find the nursing job that is a good fit for you. Nursing is what make of it! It takes a special breed of individual to be a nurse!
Nursing Fatigue: Complex Problem that Defies Easy Solutions

Chris has more than 25 years experience in communications and public relations, including more than 20 in various health care positions. In 2005, Chris graduated from the University of Illinois at Chicago School of Public Health with a Master’s in Public Health. In 2006, he started Chris Martin Public Relations, a solo PR consultancy focusing on health care. He is currently INA’s Public Relations Consultant.

The goal of this continuing education offering is to provide information on Inmates as patients and their implications to nursing practice. The objectives of this article are:

1. Describe the prevalence of nursing fatigue
2. Recognize the effect of the physical design of a facility on nursing fatigue
3. Identify mechanisms to avoid nursing fatigue
4. Outline the RN4CAST project.

This winter brought more than record-breaking snows to the Midwest—it also brought further news of health care cuts at publicly funded hospitals in Cook County, for instance. The safety net health care system that represents the poor announced that one of its hospitals would stop certain services. The safety net health care system that represents the poor announced that one of its hospitals would stop certain services. These further attacks on nursing profession do not bode well for the remaining nurses who are left to care for others with intractable chronic diseases. Currently, nurses are experiencing alarming rates of fatigue, stress and job turnover.

To help address this and set national standards that hospitals and clinics could follow, the Institute of Medicine in 2004 established that nursing shifts should not exceed 12 hours in a 24 hour period or 60 hours during any seven-day period. However, 17 percent of nurses routinely exceeded that recommendation, according to research on nursing fatigue.

As more and more nurses and health care executive become aware of nursing fatigue, the central question remains: how do you know when you’re tired and what should you do to prevent it or address it?

Nursing researchers interviewed for this article all agree it is a complex, little understood and under studied problem and broad approaches are still in the research stages. Most approaches focus on the physical and emotional stresses that nurse’s experience but according to one nurse-turned architect, nurse fatigue may be hard bakted into the facilities nurses work.

Kerrie Cardon, RN, AIA, ACHA, worked as a floor nurse and went back to school to study architecture and has designed a lot of health care facilities and nursing units. “The impact of a physical design and layout of a health care facility is an under-the-radar issue when it comes to nursing fatigue,” Cardon said. As part of her research, Cardon did a job shadow study on a nurse and followed him for an eight-hour shift using a pedometer.

During the eight-hour shift, he went six hours without sitting down and he missed his lunch and break,” she said, repeating a familiar refrain common to most nurses. Cardon has identified four typical areas in hospitals where nurses experience fatigue, families but nurses have suffered,” she said.

Cardon believes hospitals under program the space in patient rooms. We should have one piece of lift equipment for every 2 to 4 rooms to help nurses prevent and reduce back injuries.

1) Charting. Move to more mobile charting and charting at bedside is important but any mobile computing unit should be designed to be ergonomic and height adjustable while balancing the need for nurses to collaborate and discuss issues and patient care as a team.

2) Supplies. The trend is moving toward decentralized supply management following the corporate philosophy made popular by Toyota and its lean process. This has helped reduce walking distance to a distant and centralized supply location. Cardon recommended nursing units consider following this approach to bring supplies closer to where the nurses are working.

3) Equipment. Cardon believes hospitals under program the space in patient rooms. We should have one piece of lift equipment for every 2 to 4 rooms to help nurses prevent and reduce back injuries.

4) Medications. We need to move more medication into the patient rooms. Currently, nurses have to walk to the medication dispensing machine and

Fast-track your career with one of Chamberlain’s CCNE accredited* advanced nursing degrees. RNs, you can complete your BSN in as few as three semesters, with no on-site clinical requirements. Or go further by completing the Master of Science in Nursing Degree Program in just two years. These flexible, online programs are supported with faculty focused on student success. Make a greater impact with an advanced degree from Chamberlain.
Nursing Fatigue continued from page 5

wait their turn. These interruptions contribute to occupational errors. “During the job shadow study, I saw first hand how often the nurse I was following was interrupted taking medications from room to patient room,” she said. New approaches to picking up additional shifts at other hospitals is not perfect as there are often wireless dead zones in hospitals. This reaffirms the need to get medications back into the patient’s room to reduce walking time and reliance on technology to ensure patients receive the right medication at the right time.

Linda Bell, MSN, RN, clinical practice specialist with American Association of Critical Care Nurses, has focused on traditional nurse fatigue issues.

Bell said that nurses have been victim to the drive toward patient safety, hospital competitiveness and other health care industry factors. “The focus on patient safety must concentrate on nursing care and as patients’ acuity has gotten worse, this has exacerbated the burden on nurses to care for increasingly sicker patients,” she said. When hospital stays were reduced from 10 days on average to two days for a heart attack, that created a faster pace and faster turnover. Bell said, and nurses sometimes have a hard time keeping up with this pace.

Bell said that nurses are often their own worst enemy too.

“When I started nursing, shifts were eight hours, five days a week, and that was typically enough for most nurses,” she said. “The move toward three, 12 hour shifts has allowed nurses to pick up additional shifts at other hospitals. Younger nurses can handle this workload but as nurses get older their bodies aren’t able to keep up with this demand.”

Hospitals are more competitive than ever too. Bell stressed. “Hospitals are businesses, and to run a good hospital you have to have good nurses,” she said. “But on a daily basis, when managers seek out nurses to work extra shifts or stay later, it’s never difficult to get volunteers because nurses, “The move toward three, 12 hour shifts has allowed nurses to pick up additional shifts at other hospitals. Younger nurses can handle this workload but as nurses get older their bodies aren’t able to keep up with this demand.”

Bell said there are no easy system-wide solutions to reducing nurse fatigue but recently she has focused on providing information to nurses about ways to become more aware of stress and fatigue and reduce it or prevent it from hampering patient safety.

Bell recommends four steps for nurses seeking ways to avoid fatigue:

1) **Self awareness.** You have to understand yourself and your body. If you are so tired you can’t play a computer game, you are too tired to work so don’t take that extra shift.

2) **Understand your own limitations.** You may not be tired now but if another four hours of work, you might be so tired you will be compromised.

3) **Spare a thought for yourself.** Americans have a huge sleep deficit, especially for moms with young kids or those with spouses who have been laid off. Try to get 7 to 8 hours of sleep each night.

4) **Get help.** Look at resources you have, such as employee assistance programs, to help deal with personal problems that may be contributing to additional stress or fatigue.

Finally, more and more nurses are talking to their supervisors about fatigue. Gradually, managers are coming around to this trend and while Bell says managers aren’t often trained to recognize fatigue, they are trained to look for compromised nurses and to pull the nurse aside and provide support or help for the nurse to better cope with the problem or help her manage her time, for instance,” Bell said. Fortunately, there are more resources for nurses today and help can be right around the corner.

The dynamic surrounding nursing fatigue is complex and multi factorial and while there is little research being conducted on the subject in the U.S., there is a compelling project underway in Europe and Mexico that a New York University researcher is participating in that may shed light on solutions that can be implemented in the United States.

Funded by the Seventh Framework Programme of the European Commission, the RNCAST project aims at introducing innovative forecasting methods by addressing not only volumes, but quality of nursing staff and its effects on patient care as well, according to its website. The study comprises a consortium of research teams from Belgium, Finland, Germany, Greece, Ireland, Poland, Spain, Sweden, Switzerland, The Netherlands and the UK. Norway entered the project in later phase and will serve as a reference country.

The study focuses on medical and surgical care within general acute hospitals to create a clear picture of the relationship between nursing staff, planning and patient outcomes. Data was collected anonymously from nurses and patients in addition to hospital discharge records, to investigate how elements including nurse qualifications, demographics, workload, well-being and practice environment can affect productivity, patient safety and patient outcomes. Collectively, research in the 12 European countries has investigated in 150 general acute hospitals, 50,000 nurses, 12,000 patients and hospital discharge data from hundreds of thousands of patients. Researchers from three International Coordinating Partner Countries of the European Union are to collaborate in this largest ever nursing workforce study to be undertaken. They will provide a broader international perspective on the results of the study, which are expected mid 2011.

Allison Squires, BSN, MSN, PhD., assistant professor at New York University School of Nursing, is one of the researchers working on this project and said it has two goals: to examine traditional health care worker burnout and compassion fatigue.

Squires said the team she is working on is examining disease in European countries to determine if there are cultural or societal issues that contribute to nursing fatigue or help protect against it.

“Why,” she asks, “Would nurse fatigue be a bigger problem among Mediterranean countries than northern European countries?” She theorized that culture and access to financial resources to treat patients may affect how nurses feel in the workplace.

Squires has done a lot of work with nurses in Mexico where the nurse to patient ratio is often as high as 1 to 20. And, when you add to that a system that is not well funded, nurses can get very frustrated.

“Many nurses in Mexico are caught in the middle between having to tell families they don’t have a drug to treat their relative and hospital managers who they perceive should be doing more to provide these supplies,” Hunter said.

Another area Squires and her colleagues are looking at is helping foreign-trained nurses adapt better to U.S. culture and medicine to ease their way into new jobs and a new environment.

“Foreign trained nurses comprise between 15 and 20 percent of the total nursing workforce and their issues can be different than U.S. born nurses,” she said. Many foreign-trained nurses have to deal with the stress of a new home, new language and culture. Squires and her team have devised an intense English language program that not only helps with the basics but helps with clinical training to address known gaps in education, too.

As the nurse fatigue problem becomes better understood, more research will be conducted to attempt to understand some of that work in a variety of health care settings. Until then, nurses are often left to their own devices to grapple with this problem.

Nursing Fatigue continued on page 7

---

**What else can nurses do to avoid fatigue?**

Experts interviewed for this article all agree that avoiding long-term fatigue, nurses must sometimes resist the gravitational pull the economy has that forces nurses to work extra shifts.

“Give yourself a rest,” advised NYU’s Squires. “Read a book, take up a hobby. It’s just as important to be away from nursing to refresh as it is to be engaged in it.”

Squires also believes Magnet status can help with long term fatigue issues. “Pursuing Magnet status is a rigorous, long term commitment and undertaking it can help change the way your hospital works,” she said.

Several experts believe the over dependence on working 12 hour shifts contributes to fatigue. “Time and time again, research and anecdotal stories have shown that when a nurse works three days a week, she is more likely to pick up an extra shift or two at another hospital in her time off,” said Bell. Over time, this had a degrading effect on a nurse’s body and health.

---

**Malpractice Insurance For Nurses**

Visit Us Online for INSTANT QUOTES and Easy ONLINE APPLICATIONS for Individual Coverage

www.cphins.com

Phone: 800-875-1911
HOW TO EARN CONTINUING EDUCATION CREDIT

This course is 1.0 Contact Hours

1. Read the Continuing Education Article
2. Take the test on the next page
3. Complete the entire form

DEADLINE
Answer forms must be postmarked by April 1, 2013

1. Mail or fax the completed answer form.
Include processing fee as follows:
INA members—$7.50
Non members—$15.00

Check or money order payable to Illinois Nurses Foundation or credit card information only
MAIL: Illinois Nurses Association
Attn: Sharon Canariato
105 W. Adams, Suite 1420
Chicago, IL 60603

FAX: Credit Card Payments Only
312-419-2920

ACHIEVEMENT
• To earn 1.0 contact hours of continuing education, you must achieve a score of 75%
• If you do not pass the test, you may take it again at no additional charge.
• Certificates indicating successful completion of this offering will be emailed to you

ACCREDITATION
Illinois Nurses Association is an approved provider of continuing nursing education by the Georgia Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

Test Questions

1. What is the percentage of nurses who exceed the 2004 IOM recommendations on the amount of hours they should work?
   a. 17%
   b. 1.5%
   c. 25%
   d. None of the above

2. The physical environment of a facility can have an effect on nursing fatigue:
   a. True
   b. False

3. What steps can the nurse take to avoid fatigue?
   a. Cut down to part time
   b. Self awareness, knowing policies and procedures, sleep and getting help
   c. Finding a new job
   d. Self awareness, knowing your limitations, sleep and getting help

4. What is the international research project that is looking at nursing workforce planning and patient outcomes in a multitude of countries?
   a. IOM
   b. RN4CAST
   c. CMS
   d. Joint Commission

5. There is one, easy system wide solution to reduce nursing fatigue:
   a. True
   b. False

(Submit entire form below for contact hours)

ANSWER FORM
CE #40: Nursing Fatigue
Please circle the appropriate letter

1. A B C D
2. A B
3. A B C D
4. A B C D
5. A B

(Please PRINT clearly)

Name: _______________________________________________________________________________________
Address: _____________________________________________________________________________________
City: ________________________________________________________________________________________
State: ________________________________________________________________________________________
Zip: _________________________________________________________________________________________
Phone: _______________________________________________________________________________________
Email Address: ________________________________________________________________________________

Evaluation- CE 0411-40
Strongly Agree (5) Strongly Disagree (1)
Learner achievement of objectives:
1. Describe the prevalence of nursing fatigue   5 4 3 2 1
2. Recognize the effect of the physical design of a facility on nursing fatigue     5 4 3 2 1
3. Identify mechanisms to avoid nursing fatigue  5 4 3 2 1
4. Outline the RN4CAST project.    5 4 3 2 1

How many minutes did it take you to read and complete this program? _____________________________________

Suggestions for improvement? Future topics?  ________________________________________________________

METHOD OF PAYMENT
❑ INA Member ($7.50)  INA ID# _______________________________
❑ Non Member ($15.00)
❑ Money Order
❑ Check  ❑ VISA  ❑ Master Card  ❑ American Express
(note: a fee of $25 will be assessed for any returned checks)

Credit card expiration date:  ____  ____ / ____  ____   CVU:  _______________
Signature  _____________________________________________  Date  _______________________________

Mail all tests to: INA, Attn: Martisa Green, 105 W. Adams, Suite 1420, Chicago, IL 60603
Things have changed, and fast.

Today, do a computer search for “health literacy” and you’ll find dozens upon dozens of websites, including the U.S. Department of Health & Human Services and other federal agencies, state agencies, universities, medical and nursing schools, consultants, municipalities, community groups and many more. Everyone is jumping on the health literacy bandwagon, and that’s a good thing!

The U.S. Department of Health & Human Services has even developed a formal definition of health literacy:

“The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions.”

Basically, this means speaking medical terminology in plain language, health reports interpreted in plain language, talking to patients in plain language and on and on. We are all patients at one time or another and are aware of the complexity of health explanations when we’re there – so it’s extremely helpful to see plain language being prioritized.

Health literacy includes reading, writing, listening, and teaching language, which greatly affects the way they communicate with the patient and the complexity of the healthcare system, it is not surprising that minimal to poor health literacy is directly associated with poor health outcomes.

As healthcare professionals are trained and licensed with a very specific set of practice rules and standards. They are allowed to ask questions and discuss very intimate, personal information. They have a standard set for them based on their training, experience and required continuing education. Their interest and training is, for the most part, intervention after a disease process has occurred and after symptoms present themselves and/or escalate, versus prevention and health education.

Three question: Who is at risk for low Health Literacy?

Populations most likely to experience low health literacy are adult at risk, rural, and lower income; and ethnic minorities, people with less than a high school degree or GED certificate, people with low income levels, non-native speakers of English and people with a compromised health status.

Also, studies are being done about the incongruity between pediatric immunization information and the fact that 54% of parents didn’t fill out parent health literacy skills when in the doctor’s office.

Consequently, we are only beginning to realize – within the last few years with a huge escalation of chronic diseases and with people living longer – how complex and hard to understand health information can be to most people. Studies show that only 12% of adults have proficient health literacy. That translates to nearly 9 out of 10 adults who lack the skills needed to be aware of their involvement in the management of their health and in preventing their disease getting worse – because no one told them in words they could understand, and they didn’t know how to ask.

Unfortunately, that absence down through the years has left people with few avenues for personal involvement and learning to self-manage their disease process.

Yet it’s so important for our patients – and our loved ones – to understand that their lack of understanding health information can have devastating, debilitating consequences over time. They need to own the disease, and know how they’ll suffer needlessly if they don’t.

Empowering Ourselves and Others

The challenge of owning our disease has empowering effects. Indirectly, it can result in a desire to explore more information by asking questions and seeking sources and people who can give them that information in plain language. Patients have the need to converse with their doctor in the office setting about details of their disease and how to prevent it from “taking over.” The patient being empowered to ask these questions before going to a doctor’s appointment, and as important, to have an advocate with them who will confidentially listen, remember, and write down answers.

Recently, according to a new report by the U.S. Department of Health and Human Services Agency for Healthcare Research and Quality (AHRQ), more than 75 percent of English speaking adults in the United States have limited health literacy, making it difficult for them to understand and use basic health information. This report is an update of an extensive report in 2004 by the Office of Disease Prevention and Health Promotion. In May 2010, the U.S. Dept. of IHS launched the National Action Plan to Improve Health Literacy.

As plain as day and arguably one of the most significant developments in health care, it continues to be almost immediately after the health literacy bandwagon, and that’s a good thing!

First Question(s): Hasn’t the present day office visit, lab results, prescription writing, interaction between patient and healthcare professional been the normal, and cure-alls suggesting wellness is attained from brochures laying everywhere, TV advertising of drugs and high blood pressure, diabetes, asthma, HIV/AIDS, and cancer who have limited health literacy skills have less knowledge of their illness and its self-management. Low health literacy has been linked to poor health outcomes such as higher rates of hospitalization, more frequent use of hospital emergency rooms, and, in older Americans, is linked to poorer health status, disability and a higher risk of premature death.

Unaware family members who are concerned with the aging parent/relatives of the importance of their role in knowing about their family members’ health status. They need to know about their family member’s health history, how complex and slower in processing what the doctor is saying, how they feel intimidated in front of the doctor, and other negative issues as they go off to their doctor’s appointment. They need to realize how they can help in the decision of disease, cost, and the emotional drain that exists when they leave the appointment – and how that plays into a lack of healing.

Now What?

Health literacy is becoming more significant every day – one of the most important things in our lives! As nurses, it’s about learning how to communicate in plain language the details of our patients’ health condition, knowing their family’s health history, the medications they are prescribed, their doctor’s instructions – all the details. Health literacy is about good communication and learning skills to teach those who aren’t health professionals how to best understand their health.

If we can fold this “communicator” role into our role as nursing professionals, we can help others understand their treatment better, take part in health promotion and prevention, figure out how they might weigh-in on decisions about treatment, medications, self-care processes. Learning to become great Health Literacy communicators is vital to our profession, if we truly seek to provide excellent care and help patients maintain good health. If we also consider variables, for example people’s age, disability, cultural context, emotional responses, etc., we can become more aware of the fact that people receive and process information differently – so we can communicate clearly and in a way that works for the patient. To do our jobs as professionals, Healthy Literacy is a must.
Breastfeeding Support: A National Campaign

Carol Chamblin, DNP, APN, RN, IBCLC

Breastfeeding Rates
Improving the health of mothers and infants by breastfeeding is a national campaign. Recommendations for increasing rates for exclusive breastfeeding and duration rates have been addressed by the Surgeon General’s Call to Action to Support Breastfeeding, 2011. The United States Breastfeeding Committee, The Centers for Disease Control and Prevention (CDC), and the Academy of Breastfeeding Medicine are a few of the key stakeholders for this campaign. According to the latest CDC Breastfeeding Report Card – United States, 2012, 76.9% of new mothers initiate breastfeeding. 36% are exclusively breastfeeding at three months, 42.7% are breastfeeding at six months with 16.3% exclusively breastfeeding, and 25.5% breastfeeding at 12 months. Although initiation rates are high, current rates of duration and exclusivity remain low. Healthy People 2020 objectives are to increase the proportion of infants who are breastfed. Targets consist of 81.9% initiation rates, with duration rates of 60.6% and 34.1% at three months and six months respectively. Targets of exclusivity are 46.2% and 25.5% at three and six months respectively. Many mothers discontinue breastfeeding before six months of age and lack the ability to exclusively breastfeed their infants.

Health Benefits of Breastfeeding
According to The Surgeon General’s Call to Action, breastfeeding for a year provides many health benefits for infants including but not limited to protection from diarrhea, ear infections, pneumonia, asthma, childhood obesity, and sudden infant death syndrome (SIDS). Economic benefits feature savings on infant formula for the first year of life estimated to be about $1,200-$1,500, and savings from reduced medical costs by breastfeeding for six months as estimated to be between three and 13 billion dollars for the United States (U.S.).

Implementing The Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding
One major document by the United States Breastfeeding Committee is Implementing The Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding. Its purpose is to enhance evidence-based clinical practice for the promotion of breastfeeding. The term breast milk feeding rather than breastfeeding is preferable based on findings that health benefits are similar. While breastfeeding is the goal for optimal health, it is recognized that human milk provided indirectly is still superior to alternatives. Exclusive breast milk feeding is defined as a newborn receiving only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines. Breast milk feeding includes either expressed mother’s milk or donor human milk. Both are fed to the infant by means of other than sucking at breast.

Reasons for Supplementation
Supplementation with expressed breast milk, donor milk, or formula may be considered for medical reasons. Despite the fact that top-performing hospitals in the U.S. have less than ten percent of breastfed infants being supplemented, the goals of infant feeding care is to diminish the numbers of infants who become dehydrated from insufficient milk transfer. Amounts for supplementation should reflect stomach capacity of the infant:

- Approx. 5-7 ml on day 1
- 7-12 ml on day 2
- 18-25 ml on day 3
- 28-42 ml on day 4
- 34-48 ml on day 5

Infant Reasons for Supplementation:
- Hypoglycemia
- Excessive weight loss
- Failure to latch
- Delayed lactogenesis
- Jaundice related to decreased intake
- Large for Gestational Age (LGA) and Intrauterine Growth Restriction (IUGR) requiring caloric supplementation
- Mother/baby separation
- Maternal wishes (Many mothers feel their concerns about lack of adequate infant intake are being ignored).

Avoiding artificial nipples helps avoid nipple preference, which can interfere with the establishment of breastfeeding. If the infant needs supplementation for medical reasons, then the mother should also hand express and feed any colostrum she obtains to her infant. If feeding and hand expression is unsuccessful, the mother should initiate pumping with an effective electric breast pump. Electric breast pumps that are typically available on a rental basis post-discharge from the hospital setting are preferable to pumps that are made for purchase when breastfeeding is not going well. Though hand expression is encouraged, many new mothers are not as comfortable with hand expression as they are in using a breast pump.

Maternal Reasons for Not Exclusively Feeding Breast Milk:
- HIV
- Human t-lymphotropic virus type I or II
- Substance and/or alcohol abuse
- Active, untreated tuberculosis (TB)
- Taking certain medications –
  - Prescribed cancer chemotherapy
  - Radioactive isotopes
  - Antineoplastics
  - Antiretroviral meds
  - Undergoing radiation therapy
  - Active, untreated varicella
  - Active herpetic simplex virus with breast lesions (although breastfeeding can occur on the non-affected breast)

WHO/UNICEF – Ten Steps to Successful Breastfeeding
To optimize breastfeeding outcomes, the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) identified Ten Steps to Successful Breastfeeding. A national study of U.S. women giving birth in facilities using the Ten Steps were shown to be six times more likely to achieve exclusive breastfeeding.

The Ten Steps are:
1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.

Breastfeeding Support continued on page 10

The Ten Steps are:
1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.

Why/UNICEF – Ten Steps to Successful Breastfeeding
To optimize breastfeeding outcomes, the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) identified Ten Steps to Successful Breastfeeding. A national study of U.S. women giving birth in facilities using the Ten Steps were shown to be six times more likely to achieve exclusive breastfeeding.

The Ten Steps are:
1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from their infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.

Breastfeeding Support continued on page 10
Breastfeeding Support continued from page 9

7. Practice “rooming in” – allow mothers and infants to remain together 24 hours a day. Initial skin-to-skin contact is emphasized immediately after birth to facilitate imprinting of proper breastfeeding technique by the infant. Infants are quickly dried and placed naked on their mother’s bare chest. Both mother and infant are covered, except for infant’s head, with warm blankets. A cap may be placed on the infant’s head but his face should remain visible. Ensuring that the infant is dried between skin folds and that wet towels and clothing are not in contact with the infant promotes adequate thermoregulation.

8. Encourage breastfeeding on demand. Initial skin-to-skin contact is also emphasized as soon after birth as possible in cases of cesarean delivery. For vaginal births, initiates skin-to-skin contact immediately after birth. Skin-to-skin contact while incisions are being closed may help prevent maternal and neonatal hypothermia and provide a pleasurable distraction for the mother. Infants who remain near their mothers for extra-uterine life more readily due to the warmth of mother’s body, and by being exposed to familiar sounds of her heartbeat and voice. Studies show that mother’s body responds to her infant’s body temperature, aiding in thermoregulation of the infant.

9. Observation of Breastfeeding

10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Labor and Delivery Care

Recommendation for evidence-based best practice breastfeeding before and during labor and delivery care. Initial skin-to-skin contact is emphasized immediately after birth to facilitate imprinting of proper breastfeeding technique by the infant. Infants are quickly dried and placed naked on their mother’s bare chest. Both mother and infant are covered, except for infant’s head, with warm blankets. A cap may be placed on the infant’s head but his face should remain visible. Ensuring that the infant is dried between skin folds and that wet towels and clothing are not in contact with the infant promotes adequate thermoregulation.

Next steps for labor and delivery care involves the umbilical cord care. The umbilical cord is not clamped until the infant is dried and on his mother’s chest. The cord may be clamped with the infant turned slightly on his side. Delayed cord clamping may also prevent anemia in the infant. Skin-to-skin contact is also emphasized as soon after birth as possible in cases of cesarean delivery. For vaginal births, initiates skin-to-skin contact immediately after birth. Skin-to-skin contact while incisions are being closed may help prevent maternal and neonatal hypothermia and provide a pleasurable distraction for the mother. Infants who remain near their mothers for extra-uterine life more readily due to the warmth of mother’s body, and by being exposed to familiar sounds of her heartbeat and voice. Studies show that mother’s body responds to her infant’s body temperature, aiding in thermoregulation of the infant.

Initial Breastfeeding Opportunity

Promoting breastfeeding is inclusive of emphasizing breastfeeding opportunities in the first hour of life. Infants immediately placed skin-to-skin with their mother after birth without interruption tend to feed the breast and spontaneously initiate breastfeeding within the first hour. It is usually not necessary to bring the infant to the breast. Vomiting is a normal aboratory finding. If the infant “vomits” the milk, give it back to the infant. Be sure the infant is comfortable and relaxed. The infant can be fed by hand, in the prone position, or while semi-reclining. The infant should be positioned so that the breast is comfortably accessible. Infants who remain near their mothers for extra-uterine life more readily due to the warmth of mother’s body, and by being exposed to familiar sounds of her heartbeat and voice. Studies show that mother’s body responds to her infant’s body temperature, aiding in thermoregulation of the infant.

Breastfeeding Advice and Counseling

Several aspects of breastfeeding need to be highlighted for new mothers to initiate breastfeeding correctly so that national and state breastfeeding rates continue to improve. It is normal for exclusively breastfed infants under six months to feed 8-11 times in 24 hours. Infant hunger cues include eye opening, rooting, yawning, and stretching. The youngest infants rapidly perceive crying as a hunger cue. It is considered to be a late sign. Babies may cluster feed, asking for several closely-spaced feeds followed by longer sleep period (this doesn’t mean 24 hrs.). During the hospital stay, the newborn not wanting to feed at least 8 times needs to be assessed for hydration status, sepsis, or hypoglycemia. If the infant appears healthy, monitoring needs to be continued until feeding effectively and spontaneously waking for feeds. Frequent feedings help to increase milk supply. The sleepy infant does not frequently feed and may contribute to decreased milk supply, undue engorgement, and risk of early weaning.

Breastfeeding Support continued on page 11
lactation care so that mothers are not confused and frustrated, leading to some mothers quitting altogether. There is a trend to only pump and feed infants expressed breast milk. In this capacity of breast milk feeding, infants and mothers achieve the health benefits, but miss out on putting their infants to breast. This trend my be partially based on the upgrade in technology to offer more efficient electric breast pumps as effective tools for initiating and maintaining milk production. One of the key components for the need of consistency is in the use of breast pumps. The documents described within this self-study article feature that there are medical necessities for breast pump use. New heights for providing mothers with the tools to pursue normal breastfeeding are being fostered in this exciting new era of health care delivery. However, future direction will need to emphasize processes to support breastfeeding when maternal and infant factors impede normalcy. One aspect will be the future of comprehensive women’s preventive care by the Affordable Care Act which will provide breastfeeding support, supplies, and counseling.

References
United States Breastfeeding Committee: Implementing The Joint Commission Perinatal Care Core Measure on Exclusive Breast Milk Feeding. Available at: http://www.usbreastfeeding.org/
Showing C.A.R.E.—Compassion, Accountability, Respect and Excellence in everything we do!

Gateway Regional Medical Center (GRMC), is a 282-bed acute care facility with a 100-bed behavioral health unit conveniently located 10 miles from downtown St. Louis, MO. The friendly, caring atmosphere and teamwork among our staff make GRMC a rewarding place to work. Top in the Nation. Again. GRMC was nationally recognized by The Joint Commission for the second year in a row for achieving excellence on performance of key quality measures.

Current nursing opportunities are available in the following areas: ER, Medical/Surgical, Critical Care, Behavioral Health, Acute Medicine and Telemetry, Operating Room, OB/Labor & Delivery and RN House Supervisor – PRN. IL RN license and current BLS required for all RN positions.

Apply directly to our website www.gatewayregional.net today!

Gateway Regional Medical Center
Human Resources
2100 Madison Ave., Granite City, IL 62040
Phone: 618-798-3252
EOE

NURSES - JOIN US FOR A FUN-FILLED 3 DAY EVENT!!

Giving all practicing APNs, RNs, LPNs and Student Nurses, throughout the United States, an opportunity to network with other professionals. CEU’s Awarded.

Schedule includes:
- Breakout Sessions by Discipline
- Private Cocktail Event at Rock & Roll Hall of Fame with Exclusive Concert
- Lake Erie Cruise on the Goodtime III – Cleveland’s Largest Excursion Ship
- Shuttles to Horseshoe Casino
- Tour at the Greater Cleveland Aquarium
- Expert Speakers
- Raffle Prizes

Call us today or visit our Events Page at: www.higginshealthcare.com

The Higgins Health Care Institute
Toll Free: 855-891-7356

1st Annual Excellence in Nursing Symposium
May 17-19, 2013 • Cleveland, Ohio

1st Annual Excellence in Nursing Symposium
May 17-19, 2013 • Cleveland, Ohio

Your Next Nursing Degree is in Reach—from Maryville University’s Respected School of Health Professions.

Student-Centered Excellence
Choose Maryville University for your Bachelor of Science in Nursing degree completion program. We also offer the BSN and the Master of Science in Nursing with an emphasis in either Family Nursing Practitioner or Adult Geriatric Nurse Practitioner.

Maryville offers courses in a convenient weekend and evening format, or ask about our online options.
- Maryville’s nursing programs are accredited by the Commission of Collegiate Nursing Education.
- Maryville is accredited by the Higher Learning Commission and the North Central Association of Colleges and Schools.

College of Nursing and Health Professions
The College of Nursing and Health Professions offers bachelor’s, master’s and doctoral degree programs accredited by the Commission on Collegiate Nursing Education (CCNE). The learning environment at Lewis is one of personalization, with small class sizes and individualized attention to students.

Healthcare requires competency plus commitment

Our values-based curriculum provides a strong foundation for ethical decision making and encourages a holistic approach to healthcare. Our programs are designed for working nurses.

MSN
- Adult Geriatric Family Nurse Practitioner
- Family Nurse Practitioner
- Adult Clinical Nurse Specialist
- Nursing Administration
- Nursing Education

MSN/MBA
- RN/BSN
- DNP

College of Nursing and Health Professions
The College of Nursing and Health Professions offers bachelor’s, master’s and doctoral degree programs accredited by the Commission on Collegiate Nursing Education (CCNE). The learning environment at Lewis is one of personalization, with small class sizes and individualized attention to students.

Healthcare requires competency plus commitment

Our values-based curriculum provides a strong foundation for ethical decision making and encourages a holistic approach to healthcare. Our programs are designed for working nurses.

MSN
- Adult Geriatric Family Nurse Practitioner
- Family Nurse Practitioner
- Adult Clinical Nurse Specialist
- Nursing Administration
- Nursing Education

MSN/MBA
- RN/BSN
- DNP

Contact us today or visit our Events Page at:

www.higginshealthcare.com